



### Reducing Unmet Need for Family Planning: Lessons Learned from the VisayasHealth Project

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### Introduction: The VisayasHealth Project

- 5 Year Project funded by USAID
- Implemented by EngenderHealth
- Designed to strengthen the provision of MNCHN/FP services in the Visayas







### Introduction: The VH Project

Covers 8

 provinces and 7
 independent and highly urbanized cities in the
 Visayas (14 M, 1.7M SWRA)

Started in 2013







# Introduction: The situation in 2013: A program in extremis



- FP program was in pretty bad shape
- Modern method use stagnated
- 2-method program: pills and DMPA
- FP training system was in disarray: no trainers and no preceptor sites





# Introduction: The situation in 2013: A program in extremis

- Access to LAPM was almost nonexistent
- Many missed opportunities: increasing facility based deliveries and FP benefits offered under the NHIP









## Introduction: What was done: Placed the program in the ICU





- Intensive and massive capacity building for FP: PPFP, implants, hospitals
- Outreach FP services
- Fixed and debugged the FP training system
- Demand generation: mobilizing satisfied users
- Accreditation of facilities and providers
   Engender Health PHILIPPINE

for a better life

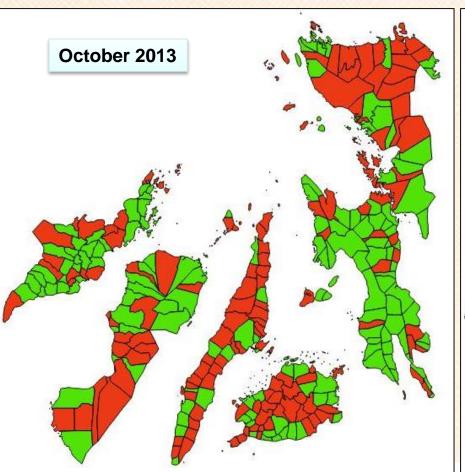
# Number of providers trained on LAPM in the Visayas from 2013-2016

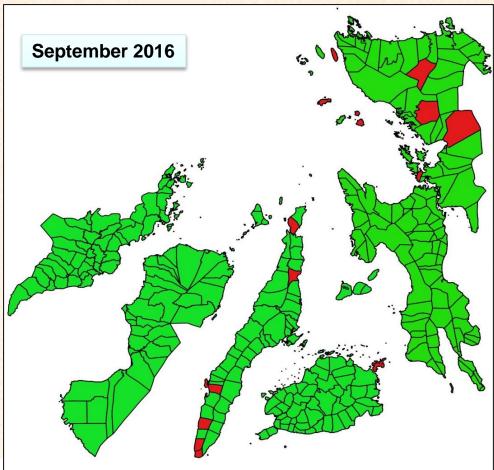
Type of Method	2013	2014	2015	2016	Total
Visayas	22	201	395	234	852
PPIUD	22	56	137	119	334
IUD			73	64	137
BTL-MLLA			10	28	38
NSV			4	23	27
PSI		145	171	0	316



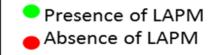


### The results: More LGUs providing LAPM services: from 38% in 2013 to 96% in 2016











#### **PHIC Accredited FP Providers**

Type of FP Method	October 2014	September 2016^
Total	0	333
PPIUD	0	186
IUD	0	127
BTL	0	15
NSV	0	5

<sup>^</sup>Cumulative Accomplishment



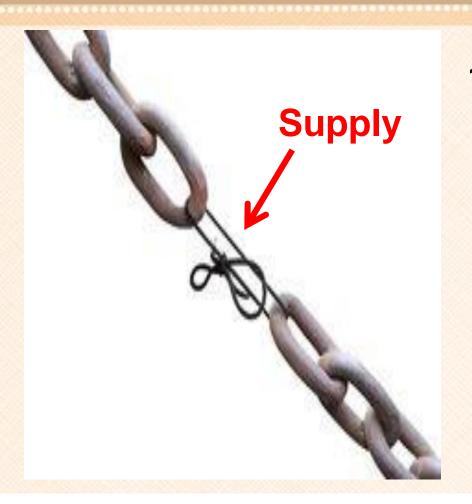


### Number of New Acceptors for LAPM 2014 and 2016

LAPM Services	2014	2016
Total	19,416	70,816
BTL	4,510	4,466
NSV	198	695
IUD	5,530	58,429
PPIUD	2,333	4,869
Subdermal Implants	6,845	3,183







 One cannot create demand for FP in a vacuum. Supply was the weakest link in the program's value chain





2. Provider competence can never be taken for granted. Even if the provider is trained.

- Timing of IUD insertion
- Differentiating between a normal cervix from an infected one
- Measuring uterine depth
- Ruling out pregnancy







### 3. There is a method to the training madness

Establishment of preceptor

sites

Use of self-instructional materials

- Post-training monitoring and evaluation
- Certification and accreditation









4. Offering more choices for women is the most effective way of reducing unmet need for FP and increasing contraceptive use





5. Reduction of unmet need can only happen when health providers step out of the comfort of their clinic walls.









6. Rumours, myths and misconceptions are the FP program's worst enemies. Satisfied users offer the most effective and most credible defense against them.







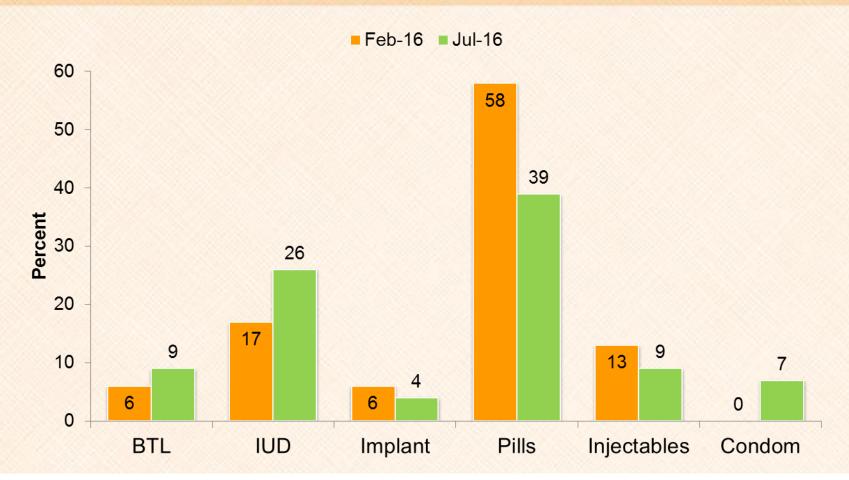
# Simple random survey results in Inayawan Health District, Cebu City pre and post introduction of LAPM plus demand generation mobilizing satisfied users

	Dec 2015	July 2016
Unmet need for Family Planning	24.4%	7%
Modern CPR	23.8%	56.7%





### Method Mix among NHTS women in Inayawan Health Area, July 2016







- 7. Safety in numbers: Events based FP provision is effective in attracting women who prefer to avail of services in a group setting
  - Do family planning days work?
  - Critical mass
  - The tipping point







- 8. Outreach services make perfect sense in areas without trained providers
- The power of the NGO and private sector
- Going to places where angels fear to tread





9. The FP benefit package under the NHIP is an effective motivator for providers but getting providers certified and accredited is a veritable

minefield

- Different procedures and guidelines for DOH certification
- Varying interpretation of PHIC accreditation requirements







10. Hospital (Devolved) facilities are the last frontier that offer monumental challenges to the

FP program

- "Curative" culture
- Cumulative effect of years of neglect
- Heavily subsidized by the provincial governments



Many disincentives to good performance





